

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>
Mailing Address 926 N St NW Rear		Amount <b>1752.15</b>
City Washington	State DC	Zip Code 20001-4485
Purpose of Expenditure Media Production - Estimate	Category/ Type	Transaction ID : VTDG0AEX629 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Timmons-Goodson, Patricia, ,		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>
Mailing Address 926 N St NW Rear		Amount <b>5524.68</b>
City Washington	State DC	Zip Code 20001-4485
Purpose of Expenditure Media Production - Estimate	Category/ Type	Transaction ID : VTDG0AEX6C8 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>7276.83</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>
Mailing Address 926 N St NW Rear		Amount <b>5764.90</b>
City Washington	State DC	Zip Code 20001-4485
Purpose of Expenditure Media Production - Estimate	Category/ Type	Transaction ID : VTDG0AEX6F1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>8998950.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Break Something Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount <b>25000.00</b>
City Washington	State DC	Zip Code 20036-3040
Purpose of Expenditure Digital Advertising - Estimate	Category/ Type	Transaction ID : VTDG0AEX678 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate James, John, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <b>1715984.34</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>30764.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Shropshire, Adrienne, R., ,

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**10 / 21 / 2020**

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NAME OF COMMITTEE (In Full) <b>Black PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00609388</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Break Something Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 95000.00	
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEX6B0 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	
Name of Federal Candidate Trump, Donald, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 8998950.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Deliver Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address PO Box 100970		Amount 40610.85	
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : VTDG0AEX603 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail - Estimate	Category/ Type		
Name of Federal Candidate Biden, Joseph, R., , Jr.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	8998950.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>135610.85</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

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PAGE	4	OF	6
FOR SE OF FORM 24/48			

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hawkfish, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>	
Mailing Address 909 3rd Ave FI 15		Amount <b>4381.64</b>	
City New York	State NY	Zip Code 10022-4745	Transaction ID : VTDG0AEX6D6 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Digital Advertising & Production - Estimate		Category/ Type	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hawkfish, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>	
Mailing Address 909 3rd Ave FI 15		Amount <b>72616.75</b>	
City New York	State NY	Zip Code 10022-4745	Transaction ID : VTDG0AEX6E4 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	
Name of Federal Candidate Biden, Joseph, R., , Jr.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>76998.39</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Shropshire, Adrienne, R., ,

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**(Schedule E)**PAGE 6 OF 6  
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OTG Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>	
Mailing Address 10130 Perimeter Pkwy Ste 200		Amount <b>809850.00</b>	
City Charlotte	State NC	Zip Code 28216-0197	Transaction ID : <b>VTDG0AEX645</b>
Purpose of Expenditure Canvassing - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Peters, Gary, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Pivot Group Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2020</b>	
Mailing Address 1509 16th St NW FI 3		Amount <b>28195.20</b>	
City Washington	State DC	Zip Code 20036-1461	Transaction ID : <b>VTDG0AEX5Y9</b>
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Elliott, Joyce, A., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>838045.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2373546.17</b>

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